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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 NONE *JH*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE *JH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *JH*

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TITLE  
 Multifocal ophthalmic lenses

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